

805-1

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

805-1

1. PLACE OF DEATH

39 County Greene
Township Washington
City..... (No..... Ward)

Registration District No. 321
Primary Registration District No. 5445

File No.....
Registered No.....
St. Ward)

2. FULL NAME Louisa Jane Johnson

(a) Residence, No..... St..... Ward.....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5, 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co, Mo.

13. NAME Robert Dillard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smith

17. INFORMANT Jewell Johnson
(ADDRESS) Hopeville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Palmetto DATE Jan 13, 1937

19. UNDERTAKER Kelley & Ferrell
(ADDRESS) Hopeville Mo.

20. FILED Jan 14, 1937 W. J. Turner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1937 to June 12, 1937
I last saw him alive on Jan 12, 1937, 19..... Death is said to have occurred on the date stated above, at 9:50 m.
The principal cause of death and related causes of importance were as follows:

SSA
112 Cerebral Stenosis
Other contributory causes of importance: Senility
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) W. J. Turner, M. D.
(Address).....

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 23 1937

